



*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application # _____

Application for Building and Trades Permit

Owner's Name: Donna Sawyer Date: 5-23-23

Site Address: 67 Norris Rd, Dunn NC 28334 Phone: _____

Description of Proposed Work: Residence to Commercial

General Contractor Information: Building Cost \$ 36,000.00

Gibraltar Contracting, LLC
Building Contractor's Company Name

919 669 7060
Telephone

PO Box 1793 Angier, NC 27501
Address

tony@gibraltarnc.com
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

83445
License #

Electrical Contractor Information: Electrical Cost \$ 1,200.00

Description of Work: Emergency light Service Size: 200 Amps #T-Poles _____

Joseph M Fredley
Electrical Contractor's Company Name

919-390-8954
Telephone

Farrell Rd, Santoral NC
Address

Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

32169
License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Plumbing Contractor Information: Plumbing Cost \$ 3,000.00

Description of Work: relocate toilet, plumb vanity # Baths _____

John Wells
Plumbing Contractor's Company Name

919 629 6130
Telephone

Chalybeate Springs Rd, Angier NC
Address

Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

23979
License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE: General Contractor must fill out and sign the second page of this application**



Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is charged at full price per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation _____

Date 5-23-23

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: [Signature] Member/Manager

Date: 5-23-23